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Evolution of Occupational Therapy Practice:

Life History of Sandy Hanebrink, OTR/L, CLP, FAOTA

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Abstract

The purpose of the life history project is to examine Sandy Hanebrink's occupational therapy practice and how the profession has evolved at the national level. By completing a literature review, gathering information on the participant, and completing a semi-structured video interview, the researcher was able to analyze the data. The findings from the data emerged into three categories: systematic evolution of the OT profession, personal journey, and influences over the years. The categories were then formed into two overall assertions: *Over the years, the systematic evolution of occupational therapy, countless influences, and her personal journey to become an occupational therapist [with disabilities] have embraced Sandy's persistence and passion to advocate for individuals with disabilities within and outside of the profession. Sandy believes the different changes that are on the way will bring both positive and negative impacts to the occupational therapy profession in embracing the value of education and the identity as a whole.*

Introduction

This life history is one of 30 life history interviews which are part of a larger project, *Histories of Individuals Who Have Been Influential in Developing Occupational Therapy (OT) at the National Level and Beyond*. The purpose of study is to provide current and future generations of occupational therapists a view of the history and how occupational therapy practice has evolved from its inception to current practice through the life history stories of occupational therapists who have held leadership roles at the national level and beyond. It is anticipated that the life history process will be a powerful way to gather this information. By using the life history approach, the study was completed on Sandy Hanebrink, OTR/L, CLP, FAOTA. The student researcher had the privilege and opportunity to complete an interview with her via Zoom

Meetings. Zoom Meetings is an Internet platform that allows professionals to conduct video conferences and meetings, and had the ability to record the audio needed to guide the data analysis. After recording and completing the interview, the student researcher transcribed it verbatim with using two different services, coded the data to collapse it into three categories, created three to four themes for each category, and wrote two overall assertions.

Timeline/Literature Review

In the year of 1920, Vocational Rehabilitation was founded as a program to provide assistance for people with disabilities to receive training for work or to seek counseling (Federal, n.d.). This allowed expansion to veterans who received disabilities as a result of war (Federal, n.d.). In 1967, South Carolina created the first Barrier Free Codes; this was a legislation act that declared that people with disabilities were to gain access to government and public buildings and facilities (S. Hanebrink, personal communication, October 25, 2019). This law increased independence and access for people with disabilities in South Carolina, and allowed disabled people to be in a consulting position to make changes to existing structures (South Carolina Legislature, n.d.). Section 504 of the Rehabilitation Act was founded in 1973 to prohibit discrimination against people with disabilities, and set the foundation to passing the Americans with Disabilities Act in 1990.

Portable computers were invented in 1981, and this was around the time assistive technology began to emerge as a practice area for occupational therapy. The Assistive Technology law was passed in 1988 (Labadie, n.d.). In 1990, the Americans with Disabilities Act was signed into legislation by George H.W. Bush; this prevents discrimination against people with disabilities in employment, telecommunications, receiving financial assistance, education, and in accessing public facilities. During Sandy's time in the occupational therapy

program in the 1990s, she co-founded the Multicultural Diversity and Inclusion (MDI) Network with Lavonne Fox and Shep Kshepkaran, and became the chairperson of the Network of OT Practitioners with Disabilities and Supporters (NOTPD); she still holds this position to this day (American Occupational Therapy Association [AOTA], 2019; S. Hanebrink, personal communication, October 25, 2019).

While various events have occurred before Sandy became disabled and began her journey to become an occupational therapist, the founding of Vocational Rehabilitation and the South Carolina Barrier Free Codes set the stage for influences that created an impact on Sandy's practice.

Theory

The Kawa Model was used to guide the project [by following an interview schedule to ask questions] that related to the participants' life flow, barriers, resources, and contexts influencing occupational therapy practice. 'Kawa,' or 'river' in Japanese, is the metaphor used to depict what one's journey in life is and the priorities the client currently holds; the quality of the river changes with other factors: rocks, driftwood, spaces, and river banks/walls (Teoh & Iwama, 2015). The rocks represent the person's obstacles and challenges, driftwood represents positive and negative influencing factors, spaces represent opportunities to enhance the life flow, and the river banks (walls) represent the different environments and contexts--social and physical--that carry out each of the parts of the river (Teoh & Iwama, 2015).

By intertwining the metaphors together, the client's entire life--past, present, and future--are taken into consideration by examining what the client needs based on their perspective. While this model does allow some structure via possible guiding questions, the important part is to allow the client to express themselves freely (Teoh & Iwama, 2015). By allowing this, the

therapists can connect with what each of the model's parts are to the client's values, whether it is for intervention or for research.

Description of the Participant

In between the initial contact and the day of the interview, the student researcher received a FAOTA application from the participant and initiated a Google search on Sandy. Originally wanting to be a pilot, Sandy began her eight-year journey to OT in 1989 after receiving transverse myelitis from an antibiotic allergic reaction. Through rehabilitation, peer mentoring, and participating in the Paralympics, she entered the OT program at the Medical University of South Carolina (MUSC) in the last baccalaureate class in 1990. As a student, she co-founded the MDI with Lavonne Fox and Shep Kshepakaran; she also became the chair and co-chair of the NOTPD. After graduating in 1997 with her Bachelor's in OT, Sandy has worked in multiple areas and continues with her advocacy at the local and national levels: school systems in a rural setting, ergonomics, Ticket to Work under the Social Security Administration, Executive Director for Touch the Future, Inc. in assistive technology, and ADA consulting. Today, she currently works as the Executive Director for Touch the Future, Inc.

Methodology

Study Design

This qualitative study was completed by using a life history approach. This allowed the focus to be on the participant's involvement in the evolution of occupational therapy practice at a national level.

Participant Selection

The participant was selected from a participant list compiled through purposive sampling by the project directors. Informed consent was obtained prior to the interview and the project was

reviewed by the UND Institutional Review Board and because of the study design the formal IRB process was waived.

Data Collection

The semi-structured interview was guided by an interview schedule prepared by the project directors; the questions on the interview schedule were designed to be used with all the individuals interviewed as part of the larger project. The student researchers modified or added interview questions as needed for each specific interview. The student researcher for this project emailed a card sort question in advance because Sandy needed to follow a list of things that contributed to her development in her practice. The interview was conducted via Zoom Meetings, a video conferencing platform, in the researcher and participant's homes. The interview lasted two hours and 58 minutes. Additional time was spent within the interview due to minor connectivity issues. Sandy emailed photographs to the student researcher to use as artifacts for the study after the interview.

Trustworthiness

To establish trustworthiness throughout the study, the researcher kept a reflexive journal throughout the process to reflect on how the interview and data analysis went and to keep track of any biases that arose. Debriefing with Sandy was completed to ensure accuracy of the transcription and to clarify any missed audio or other confusion that occurred. While reviewing the transcription, the researcher wrote notes based on what Sandy said during the interview, and used that to guide the literature review, data analysis, and findings. By completing each of these, validity and reliability were supported throughout the study.

Data Analysis

The semi-structured interview was recorded via Zoom, the researcher's smartphone, and the researcher's tablet to ensure that the full interview audio was recorded. The interview was transcribed verbatim via two transcription services. After recording initial thoughts and notes, the researcher re-analyzed the transcription in order to break the data into codes; the researcher was able to use open coding to create 23 codes. There were 30 codes originally, but after re-reading the transcription, the researcher collapsed seven of the codes into three due to the original codes overlapping. Originally, the codes *Evolution of OT (as a profession/system)* and *AOTA* were separated before the researcher collapsed *AOTA* into *Evolution of OT (as a profession/system)*; *AOTA* was renamed to *AOTA as a system*. Additionally, *Research* and *Quality* were two separate codes before *Quality* was collapsed into *Research*. The codes *Advocacy*, *Congress*, and *Opportunity* were separated until the researcher re-examined the quotes from the interview and connected the codes *Congress* and *Opportunity* to *Advocacy*; the content for *Congress* and *Opportunity* had better relationships to *Advocacy*, and therefore collapsed under *Advocacy*. The 23 codes were then split into three categories: *systematic evolution of the OT profession*, *personal journey*, and *influences over the years*. Three to four themes developed from each category based on the codes, and two overall assertions emerged from the themes (see Appendix A).

Throughout the process, the researcher was able to identify the different parts of the Kawa model based on the codes and connecting it with the initial notes from the transcription, literature review timeline, and Sandy's responses. By reflecting on how different aspects of Sandy's life connected with her life flow, contexts, influences, challenges, and spaces, the

researcher was able to appreciate her in the context she was in and coded based off of her answers.

Findings/Results

From the 23 codes that developed, three categories emerged based on the participant's responses and the connections with each other: *systematic evolution of the OT profession, personal journey, and influences over the years*. Based on Sandy's responses and the naming of the codes, the researcher was able to connect the codes to name the categories that influence the OT profession and Sandy during her OT journey. Three to four themes emerged from each category with two overall assertions to summarize the findings while keeping the characteristics of them. Quotes from the interview have been provided to substantiate the findings of the themes.

Systematic Evolution of the OT Profession

Theme One: Sandy believes that the changes in the educational standards and organizational policies have the potential to regress the vision espoused by the profession.

This theme was developed after analyzing the codes based on Sandy's responses to the move to the entry-level doctorate program and how AOTA has been evolving as an organization. In response to the movement to an entry-level OT program, Sandy expressed how the move would bring negative consequences to the profession due to the lack of opportunity for hands-on skills:

As far as the entry-level going to straight entry-level OTD, I'm against it. I think it's hurt the physical therapy profession and their research base. I think entry-level masters, I support, and if people choose to do an entry-level doctorate, I guess I'm not that against it, but I think the--that students coming out of OTD programs

don't have the skills that in fieldwork that baccalaureate level students had, and that some of the master's programs had, because there's more emphasis on research projects, and administration, and policy than there is on actual hands-on skills.

Sandy believes the movement also reduces the quality of research that a post-professional doctorate degree would hold. By reducing the quality of research, studying the research questions in theory and not translating it to practice, it regresses from the forwarding the profession:

So, I support--definitely support advanced degrees, but post-professionally, I think is more important because then, we get true research and not just group research or some watered-down research. I think some programs do better than others, but I think some are just doing the minimum that's required, and these--some of these research projects really aren't--you know--it's qualitative, quantitative by definition, but does it really tool down and give us outcomes? Does it tell us the efficacy of a treatment? Does it tell us how this approach is getting better results than that approach? It's not telling us those kind of things, and I think that going to entry-level doctorate across the board will cause the same problem for us as it has for physical therapy....

Theme Two: Sandy believes that with the shifts in educational standards, there will be greater difficulties for individuals with lower socioeconomic status and other minority groups to access academics.

While responding to the question about the movement to the OTD, Sandy mentioned how this move would impact current and future generations because not everyone has the

socioeconomic privilege or dedicated time to complete a doctorate--entry-level or post-professional:

And the university systems are still going to require PhDs, and I think it's going to be harder to find them. I also think it impacts diversity. One, because of the amount of money, so people from lower socioeconomic is going to find it harder to be able to go--come into our profession. I think that at going at that level, your pool of applicants is going to be less because there's not going to be as many people willing to go into the profession for the added time that it takes, plus the added expense, especially when salaries are not--not only aren't increasing, they're actually decreasing because of policies like in skilled nursing where people are losing jobs, and their salaries are being cut because of reimbursement.

Theme Three: Sandy believes the changes to the entry-level OTD will bring more consequences than benefits to the profession.

While Sandy identifies both the positive and negative impacts with the move to entry-level doctorate, she is observing that with the emphasis on administration, policy and research, the amount of hands-on skills, experience, and ability to specialize reduces with the quality. She also believes that in connection with this, it is a way to increase revenue for the universities:

But what I see that is--is a way to make the universities more money, and increase student debt because salaries have not gone up. And then we--you--it looks like there's inbreeding of development of faculty, and then you have people coming in teaching because they have an OTD, but they really have no occupational therapy skills--no hands-on skills.

They haven't been out there in either a medical model or community-based model or whatever; they're not really that experienced. And even five years of experience isn't a lot of experience to be teaching the next level of professionals. A lot of my colleagues disagree with me, obviously a lot of them in academics, but I--that's just--with the students that come through with me, and the students that I support at other fieldwork sites, I just don't see the students having the same skills that students used to have. And then I see them wanting to specialize right out of the bat even though they don't have the balance of experience behind them. So, I support--definitely support advanced degrees, but post-professionally, I think is more important....

She also sees it as a way to increase revenue for the universities:

But what I see that is--is a way to make the universities more money, and increase student debt because salaries have not gone up. And then we--you--it looks like there's inbreeding of development of faculty, and then you have people coming in teaching because they have an OTD, but they really have no occupational therapy skills--no hands-on skills.

Theme Four: Sandy believes diversity within all leadership in AOTA is important.

Sandy shared her perspective with how the positives and negatives on being involved in leadership roles in AOTA in order to increase professional development. She expressed how difficult it can become to value being involved at a national level if the members of AOTA do not view the value of it:

I think with, like with everything, there's positives and negatives. Sometimes it's like being in leadership roles at a national level and learning how the business

side of things works and seeing how in AOTA, sometimes it's this handful of people and, unfortunately, some of the same people are on the board. It's like they just changed seats. And the need to get new people and new ideas and stuff is very difficult, mainly because in the shift to allow a student vote to count the same as a professional vote. And we're a professional association and it used to be the students had a rep so there were so many votes per state kind of thing, or per program kind of thing, and I really think that the student vote should be valued.

Even if we leave the vote the same, there are more professionals than there are students. So if the professionals participated, that--but again that goes back to the Association and leadership is if the leadership never changes, and how we, what we do for our members never changes, then why would professionals be a part of something if they don't value it. So again, it goes down to that professional development obligation that you learn as a student, and then how do you engage and continue to stay engaged as a professional?

Personal Journey

Theme One: Sandy believes that her involvement in various activities including leadership, peer mentoring, Paralympics, and consulting, allowed her to embrace her identity as a Disabled occupational therapist.

Sandy's first involvement with occupational therapy was with her brother undergoing neurosurgery and then receiving transverse myelitis from an allergic reaction. Undergoing occupational therapy services, she has been a peer mentor to others going through similar circumstances:

Actually, when I was first introduced to occupational therapy was when my brother had neurosurgery. I didn't really understand what OT was. I just knew they helped him do things that he wanted to be able to do.

I started trying to be an OT around 1989, and then looking into what it was going to take, and that, because prior to becoming paralyzed, I actually had an allergic reaction to an antibiotic and sustained--had transverse myelitis and ended up a quadriplegic. And so utilizing the vocational rehab services, going through the glory days of the 80s when you could go to rehab and as long as you were progressing you got what you needed and it was the evolution of durable medical equipment, and really, the disability rights movement was really taking off strong.

She identifies becoming an occupational therapist as a triumph; this process was started before the Americans with Disabilities Act in 1990 was written into legislation:

And then as far as OT for me, OT...becoming an occupational therapist is almost a triumph in itself because after I decided to become an occupational therapist--that started when I was doing a lot of peer mentoring while I was going through rehab and helping patients where therapists were having trouble getting them to participate in therapy--to be able to participate not only in therapy but in disabled sports and other community events, kind of see there is life after disability, if you will. But then it started an eight-year journey to try to be an OT because this was before the Americans with Disabilities Act and OTs professed to say you can do anything you want to do, except be my peer, I guess.

She identifies becoming involved at the national level as a student is triumphant in itself after helping to find the NOTPD to bring representation to people with disabilities:

And then to be able to--from the time I was a student forward to be in leadership positions all the way at the top at AOTA--because that's where I did one of my fieldwork rotations--to helping to start the Network of Practitioners with Disabilities and Supporters (NOTPD) to being able to officially kind of represent people with disabilities who've gone through traumatic stuff and live the life, you know, not just be that person who's providing services but being that role model and that representation.

She also reflected back on her time involved in the Paralympics and how she is still here today:

We go back looking at my times competing on Team USA as part of the Paralympics World Championships--that--and I kind of look back to the--the mascot is the Phoenix, and it's where you have that...you...the bird...that it dies and then comes out of the fire and is reborn and full of color and strength, and you know, and I use that as part of my life motto because on the anniversary when I became disabled, we call that my “Celebrate Life” day.

Theme Two: Sandy's journey continues to include barriers—the biggest being stereotypes and attitudes against people with disabilities; her advocacy for herself and her communities smash those barriers to increase access.

Apart from the third quote in the last section, Sandy continued to experience barriers with attitudes; the first with receiving vocational rehabilitation to enroll in occupational therapy school:

So we started that process, and I said it took eight years to be able to finally get voc rehab to say that they would support me to do that. And it actually took going

in, knocking on the door, and walking in on the Commissioner of Voc Rehab and saying, 'Look, I've been accepted to occupational therapy school.' And he was like, 'Fantastic!' and I said, 'But him and him and him and her say I can't do it because I'm in a wheelchair.' He says, 'Oh no, you're going.' But even after he did that, they didn't process the paperwork in time, so I had to wait another whole year to start.

Barriers in education began during the first semester of the occupational therapy program at the Medical University of South Carolina with studying anatomy in the cadaver labs:

I took a semester of--you know--some different biology, anatomy kind of things and did that. So then I started the occupational therapy program, and the first year, you start in the summer, and that's when we did the gross anatomy. Well, the problem was I'm down here and the cadavers were up here [gestures right hand to above head].

So, then we tried using a standing wheelchair, but I would get orthostatic hyper--hypotension--you know--and almost blackout--you know--passing out into a cadaver just wasn't high on my list. So then, we had to figure out and do like a platform we built. One of the grad assistants actually built me up a ramp on a platform so I could get up to the cadaver, but the problem was--is the way they had the course setup was you weren't just at one cadaver, it was many stations. And then, some of the other students complained that if I was there it made it harder for them, even though they had access to all of them; I had access to one, right [waving right arm back and forth]? So then, I ended up having to go in in the

evening, with a grad assistant to be able to do stuff on my own, so outside of everyone else.

Problems continued to persist throughout Sandy's education, but things became more difficult while she was completing her fieldwork rotations:

And then when it came to fieldwork, I had to set up all my own fieldwork. And then, even then, I ran into barriers because they felt like, the--the fieldwork coordinator felt like it was her responsibility to disclose my disability, which she didn't even know what it was, and she was giving wrong information, and she didn't have permission to do it.

Fighting for access meant Sandy needed to advocate at a higher rate than the rest of her peers and colleagues due to completing her education during the 1990s and the shift to sign the Americans with Disabilities Act of 1990 into legislation to change advocacy. During her education, she explained the extra steps that she, a Disabled person, went through to take an exam that was offered twice a year after completing fieldwork:

And so, she [fieldwork coordinator] didn't process paperwork, which, back then, the exam was only offered twice a year. And it was actually, you had to go to a classroom at a set center and take it. Well, that put me six months off from being able to sit for the exam, which also meant six months that I couldn't work. So--you know--so, those were some of the issues, and then the site where the exam was was not accessible. And so, yeah, so I had to get there, and then literally had to sit in the hall, transfer to a chair, take my wheelchair apart, bring it into the room, transfer back to my wheelchair.

Theme Three: Sandy's persistence and passion continue to guide her development as a person and professional.

Sandy's passion to advocate for disabled people and her persistence have guided her development. While it took time and frustration, she still continued in order to complete her occupations successfully:

But even at AOTA, I still couldn't get in, and the building wasn't accessible; the bathrooms were not accessible, you know? It took me thirteen years of advocacy at AOTA to get the front door accessible. So needless to say, eight years to fight to get in school, thirteen years to get in the front door of AOTA. I'm persistent, right? So, so I think it's that same fortitude is what it took to get through the program.

Influences Over The Years

Theme One: Sandy continues to reflect on how the evolution of different influences—technology, legislation, accessibility, mentors, movements, and disability—have influenced occupational therapy as a whole and within her own practice.

Technology continues to have a large impact for Sandy as she currently practices with assistive technology, works with manufacturers on product development, and reflected on how technology has changed:

Looking at designs of some of the new wheelchairs and things with those manufacturers early on was an influence and that has continued to be an influence and something I've built on as an OT.

How many, you know, but when you look at how this person has this unique disability, and when I look at assistive technology and then this person comes in

with a wheelchair and they've got a communication device, environmental controls, and switch controls, and different things that are controlling their wheelchair, control and emptying their leg bag, opening doors, making phone calls, whatever, and I got to figure out where to put this switch so they could do that one more thing that will give them just that much more quality of life.

Even with the evolution of different factors, such as accessibility, there continues to be difficulties for Sandy, even within AOTA; Sandy must continue to advocate for herself to get access that should have been in place despite the legislation passing in 1990:

I actually go in early to research the routes to put things out to our network so that they know where there's problems on the sidewalks. Which hotels have easier access. Where's the shuttle stop--if it's covered--if it's not. You know, what are some of the barriers. You know, finding the elevators in the convention center. You know, where are they and do they go to all floors. You know, so providing that extra information that we keep being told, you don't need to do that, we've done that. Well, they haven't, you know. You know having the big buses that have lists but not allowing people to use them because it slows them down. You know, it's like, really? You know, that kind of stuff to where they think separate is good enough.

Theme Two: Sandy believes cultural shifts for embracing disability as an identity within the profession must metamorphose in order to truly embrace the value of occupational therapy's identity.

The researcher elaborated after the first question on how Sandy made an inference to the social model of disability in comparison to the medical model of disability:

I think OT is actually in its infancy with adapting and embracing and including the social model of disability. I think too much of our training is still focused on the traditional medical model of disability being about dysfunction, or disease processes, and not an identity. You know, when I'm speaking about a diagnosis, or a disease, or the characteristics of that, to me that's not disability, that's a disease or a diagnosis and the conditions.

I just think that OT is evolving and there are some people who get it but there's still just way too many people that don't understand disability as an identity.

They're still looking at it as a disease or a diagnosis that needs fixed.

Sandy believes with empathy, it is a lived experience and that the perspective of how it is taught in the curriculums must be changed:

I have kind of a pet peeve where people say they teach empathy. I think empathy is lived. You can teach respect; you can teach sympathy, but I really believe empathy is--comes from within, from--through your life experience and--and there's a lot of professors who will argue me that fact, but that's just kind of how I feel. But I think that our disabled OTs and OT assistants and students have a better understanding and can really look to that therapeutic use of self. Sometimes at a much more genuine or authentic, inclusive way.

Theme Three: Sandy's influences from her mentors, connections, networking, and opportunities have benefitted her in her journey over the years.

When asked about what was most influential during her schooling, Sandy mentioned the multiple mentors she had the opportunity to collaborate with that also advocated for her:

I think some things most influential is, like I said, I had some really powerful mentors and supporters, certainly Jane O'Brien, Shirley Wells, Robin Jones-- Robin being the director of the Great Lakes ADA Center, but Robin was active with the Board of Directors and the Representative Assembly while I was doing things with the AOTA. Shirley Jackson, who was from Howard University, also was with the RA and helped a lot with the Black Caucus--the BOTC--and that, and really influenced what career options and stuff were there, and provided me opportunities and kind of saw my potential--you know--and said, 'Hey, you know, she can do this, and she's good,' kind-of-thing, and then kept giving me opportunities, and pointed me to other opportunities, or when I would see something say "Hey, I'd like to do that." They'd say, 'Go for it,' and they would support it.

When finding the MDI Network, Sandy mentioned LaVonne Fox and Shep Kshepkaran as two of her biggest mentors:

One of your faculty, LaVonne Fox, and one of our colleagues, we're like the three amigos, Shep Kshepakaran is--I would say--two of my best mentors as far as in diversity and inclusion in learning how to work within systems, and how to empower the Multicultural Diversity and Inclusion Network; we were three of the founding chairs, and still are, of that network, and so--and that was as a student: I became the chair and co-chair of the Network of OT Practitioners with Disabilities as a student, and so--you know--my student role, and then engagement in the state and national level through the associations, and that

professional development I think was key. Shirley wells, Robin Jones, Dr. Fox, Shep, etc.

Having mentors that allowed Sandy to learn at a safe level but still receive the room for growth was critical for her development:

‘Yeah, you did that great, but how about this?’ or ‘Did you ever think about this approach?’ So she'd [Madelyn Dupwey] let you learn in a safe way, but then take you to the next level--you know--and never had a problem with--you know--me utilizing technology to gain a--you know--to gain access to bedside--you know--trying to figure out, ‘Well, I'll get this patient on this mat for you, so they'll be low enough,’ you know? So she just did it--kind of thing. Or you know, ‘This one's going to be kind of difficult; how about you direct me and--and then we'll go that way?’ You know, so figuring out ways for me to learn, and be able to get the experience was pretty amazing.

I think Robin Jones has been huge with that you know? And she's like--you know--she's so knowledgeable, and so skillful, and--and she's an occupational therapy assistant, but then the director of the Great Lakes ADA Center since it existed. So doing advocacy and knowing how policy impacts things--you know--so I think it's just--you know--I just really had a lot of unique experiences, and it's those mentors and stuff that have been the most critical because learning from their example, but also learning from their guidance, and from their encouragement....

Assertions

Over the years, the systematic evolution of occupational therapy, countless influences, and her personal journey to become an occupational therapist [with disabilities] have embraced Sandy's persistence and passion to advocate for individuals with disabilities within and outside of the profession. Sandy believes the different changes that are on the way will bring both positive and negative impacts to the occupational therapy profession in embracing the value of education and the identity as a whole.

Discussion/Conclusion

The two overall assertions from the previous section represent the three categories: systematic evolution of the OT profession, personal journey, and influences over the years. Taking into consideration each of the different influences of Sandy's practice, the researcher was able to connect them with different aspects of the Kawa Model. The river banks (contexts and environments) were represented by different locations of Vocational Rehabilitation, her practice, and education, her mentors, faculty, and other colleagues, and different shifts that were occurring in terms of legislation changes and cultural paradigms. The rocks (challenges and obstacles) were represented by the attitudes and stereotypes. Driftwood was represented by multiple factors: technology, accessibility, legislation and policy, the evolution of OT, and reimbursement; the influence of different legislations including the Barrier Free Codes in South Carolina and the Assistive Technology law have created positive impacts for Sandy's practice. Spaces (opportunities) were represented by creating connections and networks, her practice/work, and different areas of involvement, including research on various theories during her education, co-finding the MDI Network and the NOTPD, and being involved in the Paralympics.

Sandy's journey is one with passion and persistence that continues to not only contribute to the knowledge base of the OT profession, but brings an advantage to bridge the gap between OT practitioners and clients with and without disabilities. It was beneficial to analyze the history of different legislations, organizations, and programs that have been founded, and how each of the factors influenced the practice of occupational therapy as a whole. Even with Sandy identifying as a disabled occupational therapist who advocates for her community--the disability community--to continue to bridge gaps at all levels, there continues to be gaps and barriers in research that influence the relationships between people with and without disabilities, especially in occupational therapy. More research and advocacy needs to evolve in order to see equity and justice between abled and disabled people in the occupational therapy profession and in society.

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Appendix A

Life History of Sandy Hanebrink, OTR/L, CLP, FAOTA by Amira Ragab

CATEGORIES	Systematic Evolution of the OT Profession	Personal Journey	Influences Over the Years
CODES	<ul style="list-style-type: none"> • Credentialism and Educational Standards • Theories (Models/FORs) • Research (Quality of Work) • Identity as a Profession • Evolution of OT (as a profession/system → AOTA as a system) • Reimbursement 	<ul style="list-style-type: none"> • Personal Experience in Healthcare/OT Journey • Education • Development (Personal and Professional) • Involvement (Levels, Time, Types) • Practice/Work • Beliefs 	<ul style="list-style-type: none"> • Connections and Networking • Location • Advocacy (Congress and Opportunity) • Legislation/Policy • Accessibility • Technology • Disability Emphasis (Celebrate Life) • Attitudes and Stereotypes (Teaching Empathy) • Mentors • Advice • Paradigms and Movements
THEMES	<p>Sandy believes that the changes in the educational standards and organizational policies have the potential to regress the vision espoused by the profession.</p> <p>Sandy believes that with the shifts in educational standards, there will be greater difficulties for individuals with lower socioeconomic status and other minority groups to access academics.</p> <p>Sandy believes the changes to the entry-level OTD will bring more consequences than benefits to the profession.</p> <p>Sandy believes diversity within all leadership in AOTA is important.</p>	<p>Sandy believes that her involvement in various activities including leadership, peer mentoring, Paralympics, and consulting, allowed her to embrace her identity as a Disabled occupational therapist.</p> <p>Sandy's journey continues to include barriers—the biggest being stereotypes and attitudes against people with disabilities; her advocacy for herself and her communities smash those barriers to increase access.</p> <p>Sandy's persistence and passion continue to guide her development as a person and professional.</p>	<p>Sandy continues to reflect on how the evolution of different influences—technology, legislation, accessibility, mentors, movements, and disability—have influenced occupational therapy as a whole and within her own practice.</p> <p>Sandy believes cultural shifts for embracing disability as an identity within the profession must metamorphose in order to truly embrace the value of occupational therapy's identity.</p> <p>Sandy's influences from her mentors, connections/networking, and opportunities have benefitted her in her journey over the years.</p>

ASSERTIONS: Over the years, the systematic evolution of occupational therapy, countless influences, and her personal journey to become an occupational therapist with [disabilities] have embraced Sandy's persistence and passion to advocate for individuals with disabilities within and outside of the profession. Sandy believes the different changes that are on the way will bring both positive and negative impacts to the occupational therapy profession in embracing the value of education and the identity as a whole.

Appendix B









S.C. athletes winning national medals

Imagine competing for a national championship in a sport you had participated in just once in your life.

Sandy Hanebrink found herself in just that situation at the 1993 National Wheelchair Athletic Association championships in Boston.

She responded with an incredible performance—shattering national records in eight events.

Although an experienced national performer in other sports, Hanebrink competed for the first time in field events and swimming. "I really surprised myself," the Mauldin native said.

"It was only the second time I'd ever touched a javelin, discus or shot-put."

Hanebrink won eight gold medals and two bronze medals and earned an invitation to the national team for the Paralympic Games in Atlanta in 1996, sponsored by the U.S. Olympic Committee.

She returned to the nationals this year and broke three of her own records.

Hanebrink hopes to sharpen her skills in international competition before 1996, but that will depend on finding sponsors for those trips.

She was one of two South Carolina Vocational Rehabilitation Department clients who competed in recent nationals.

Genie Wellons, a former student in the department's Computer Training Program, earned two silver medals and two bronze medals in wheelchair racing events at Boston.

Wellons, using a racing chair donated by the Medical University of South Carolina, went on to win six events at the Sunshine Games in Tampa, Florida, in April of 1994. He has also won the



Sandy Hanebrink practices throwing the javelin for the 1996 Paralympic Games, sponsored by the U.S. Olympic Committee.

Columbia Governor's Cup Race Wheelchair Division for the past two years.

Wellons operates a computer assisted drafting business called Jake's Shop in Ravenel. He actively promotes wheelchair sports in Charleston, particularly through the Achieving Wheelchair Equality group.

Hanebrink saw a void in wheelchair sports in Columbia, so she and fellow wheelchair athlete Maxie Connor founded the Columbia Wheelchair Athletic Association.

The association helps people with physical disabilities compete in a wide range of sports, using assistive devices.

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